



Women, HIV, and Trauma in the Current Health Care Environment

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC)

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Vision: Healthy Communities, Healthy People



HIV/AIDS Bureau Vision and Mission



Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV and their families.



Agenda

- Brief overview of trauma in women with HIV
- Summarize the HIV epidemic in women
- Describe HRSA HAB's programs and initiatives for women
- Introduction of panelists
- Question & Answer session with panelists
- Discussion about next steps with CHAC members

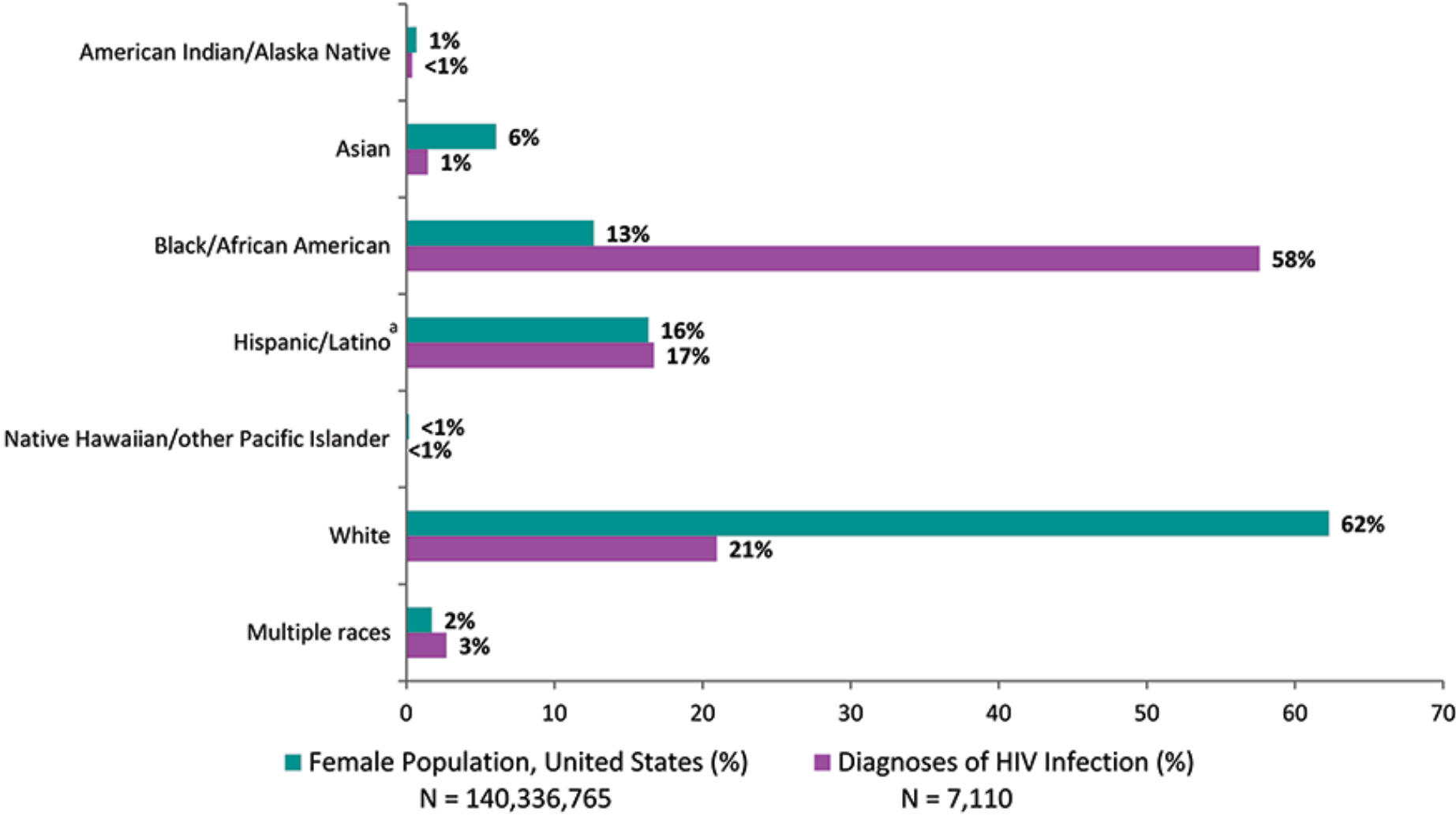
Trauma

- “Near-universal experience among women with HIV and key contributor to HIV acquisition, morbidity, and mortality,” (*Cuca, et al., 2019*).
- “Estimated rate of recent post-traumatic stress disorder (PTSD) among women with HIV over five-times the rate of recent PTSD reported in a national sample of women,” (*Machtinger, et al., 2012*).
- Rates of intimate partner violence (IPV), childhood sexual abuse, and childhood physical abuse among women with HIV more than double the national rate, (*CDC 2014*).

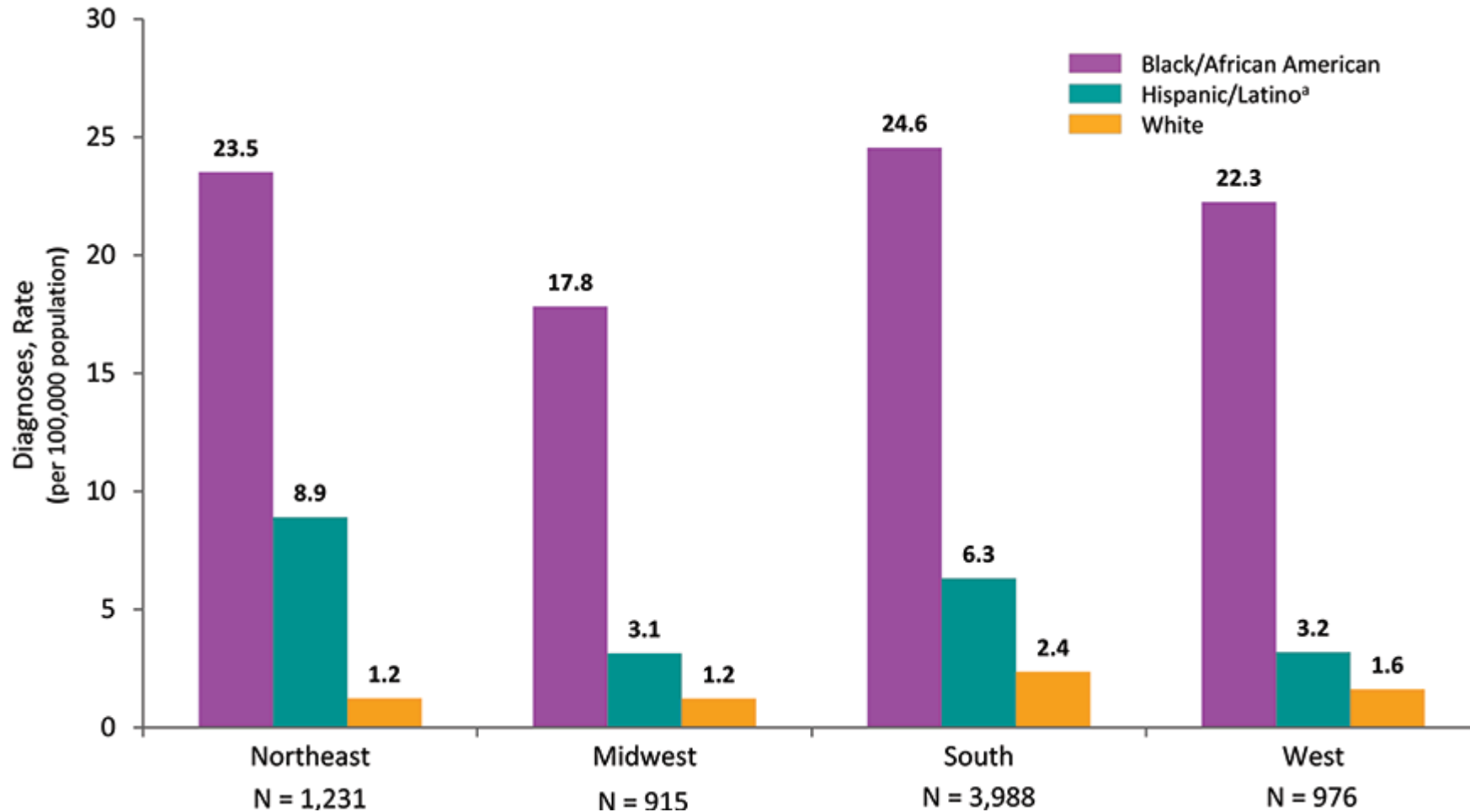
*“A deeply disturbing or distressing experience – something that involves serious injury or emotional wounding,”
The Well Project.*



Percentages of Diagnoses of HIV Infection and Population among Female Adults and Adolescents, by Race/Ethnicity, 2018—United States



Rates of Diagnoses of HIV Infection among Female Adults and Adolescents, by Region and Race/Ethnicity, 2018—United States



HIV Disparities in Women



These intersecting factors create and/or reinforce the conditions that increase HIV risk and transmission and decrease likelihood of HIV testing, treatment, and adherence. These social and structural determinants of health play a critical role in ending the HIV epidemic.



HRSA HAB Programs & Initiatives

- **Technical Expert Panel (TEP)-2015**
 - Barriers to and gaps in care
 - Gender responsive care
 - Trauma-centered care and behavioral health integration
 - Provider-level strategies to improve care
 - Patient-level approaches to empower woman and promote self-advocacy
- **National Alliance of State & Territorial AIDS Directors (NASTAD)**
 - Trauma-Informed Approaches Toolkit
- **Special Projects of National Significance (SPNS) Program**
 - Supporting Women of Color Living with HIV



Panelists

- **Ann Namkung, MPH** *PrEP and Cisgender Women*
- **Dottie Raines Dowdell**, *Alleviating health disparities and improving health outcomes through community engagement*
- **Michele R. Decker ScD MPH**, *Trauma-Informed Care*
- **Nicole Pepper, MSSW** *Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i).*



Questions for the CHAC

- What can HRSA and CDC do to better address the healthcare needs of women with or at risk for HIV, including those who have experienced trauma?
- How can HRSA and CDC address trauma and trauma-informed care in their programs to improve HIV treatment and prevention for women?
- How can CDC and HRSA better utilize IPV resources/strategies to improve HIV prevention and care services for women?
- How can CDC and HRSA improve PrEP uptake among women?



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